

Appendix 1:

The Template of Events for Applied and Critical Healthcare Simulation

Scenario Overview			
Scenario Title			
Original Author(s)			
Scenario Purpose			
<i>[Insert brief explanation of what this scenario aims to train]</i>			
Date(s) of Development		Approximate Time Duration	
Original:		Set-up & Preparation:	
Revised:		Run Simulation:	
		Debrief:	
		Clean-Up Time:	
		Total:	

1. Learner(s)	
Specify the learner(s) for whom this scenario was designed. You may also include information about any prerequisites they should have completed prior to participation.	
E Post graduate year 1 (PGY 1) residents	
1.	
2.	

**Add additional rows as needed*

2. Learning Objectives	
Define the learning objectives (i.e., statements explaining what learners are expected to know and/or be able to do after training is concluded). Learning objectives should be specific, action-oriented, and measurable.	
<i>Note:</i> The learning objectives listed below will also be recorded on Table 5: Scenario Development	
E	Demonstrate caring and respectful behaviors when interacting with patients and their families.
1.	
2.	
3.	
4.	
5.	

**Add additional rows as needed; A maximum of 5 Learning Objectives per scenario is recommended*

3. Clinical Context
Provide a short description of the scenario's clinical context. Make sure it is appropriate for training the Learning Objectives in Table 2.
<i>Note:</i> Many contexts may be appropriate for training the learning objectives.
Example: Unanticipated Difficult Airway in an Emergency Department

4. Knowledge, Skills, and Attitudes			
List the context-specific Knowledge, Skills, and Attitudes that indicate the associated Learning Objective is met. At least one KSA should be identified for each Learning Objective from Table 2.			
<i>Note:</i> The KSAs listed below will also be recorded on Table 5: Scenario Development			
#	KSA	#	Associated Learning Objective
E	Answers patient and family questions fully and patiently.	E	Demonstrate caring and respectful behaviors when interacting with patients and their families.
1.			
2.			
3.			
4.			
5.			

**Add additional rows as needed; No more than two KSAs per Learning Objective is recommended*

5. Scenario Development				
<p>Use this table to script the Scenario Events and identify acceptable Learner Response(s) to each event. Ensure that each event is written to capture at least one targeted KSA and associated Learning Objective.</p> <p>Events must consist of a <i>trigger</i> (an incident that elicits a learner response). Events may also include <i>contextual information</i> (background information requiring no learner behavior) designed to push the scenario storyline forward or increase scenario complexity.</p> <p><i>Note:</i> The KSAs and Learning Objectives listed here should be identical to those recorded in Table4</p>				
Case Stem				
[Insert any introductory information for the scenario]				
Event #	Event	Learner Response(s)	KSA(s)	Learning Objective(s)
Ex.	Grandmother will ask, “Doctor, what is wrong with my grandbaby?”	The resident calmly explains the patient’s critical status and clearly describes the medical condition.	Answers patient and family questions fully and patiently.	Demonstrate caring and respectful behaviors when interacting with patients and their families.
1				
2				
3				

**Add additional rows as needed*

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Ancillary Information				
Patient Profile				
Last Name:		First Name:		MI:
Gender:	DOB:	Ht:	Wt:	
<u>Physical Exam</u>				
BP:	Temp:	HR:	RR:	O ₂ Sat:
Pain:				
General:				
HEENT:				
Resp:				
Heart:				
Abd:				
GU:				
Ext:				
Skin:				
Neuro:				
<u>History of Present Illness</u>				
<u>Review of Systems</u>				
CNS				
Cardiovascular				
Pulmonary				
Renal/Hepatic				
Endocrine				
Heme/Coag				
Musculoskeletal				
Integument				
Developmental HX				
<u>Past Medical History</u>				
<u>Past Surgical History</u>				
<u>Family History</u>				
<u>Social History</u>				
<u>Vaccines</u>				

Adapted from Salas, E. et al (2008). The SMARTER Approach.

<u>Medication Allergies</u>			
<u>Food/Other Allergies</u>			
<u>Current Medications</u>			
<u>Drug</u>	<u>Dose</u>	<u>Route</u>	<u>Frequency</u>
Simulation Modality			
<input type="checkbox"/> High Fidelity Simulator <input type="checkbox"/> Standardized Patient <input type="checkbox"/> Role Play		<input type="checkbox"/> Low-mid Fidelity Mannequin <input type="checkbox"/> Hybrid (Blended Simulator) <input type="checkbox"/> Other: _____	
Scenario Cast Members			
Learners		Confederates	
<input type="checkbox"/> Physician(s): _____ <input type="checkbox"/> Resident(s): _____ <input type="checkbox"/> Respiratory Therapist(s): _____ <input type="checkbox"/> Nurse(s): _____ <input type="checkbox"/> Technician (e.g., Emergency Medical): _____ <input type="checkbox"/> Other: _____ _____		<input type="checkbox"/> Family Member(s): _____ <input type="checkbox"/> Physician(s): _____ <input type="checkbox"/> Resident(s): _____ <input type="checkbox"/> Respiratory Therapist(s): _____ <input type="checkbox"/> Nurse(s): _____ <input type="checkbox"/> Technician (e.g., Emergency Medical): _____ <input type="checkbox"/> Other: _____	
Scenario Support Staff			
<input type="checkbox"/> Observers/Raters <input type="checkbox"/> Number Required: _____		<input type="checkbox"/> Simulator Technician <input type="checkbox"/> Curriculum Instructor	

Equipment Props	
<input type="checkbox"/> Airway Equipment <ul style="list-style-type: none"> <input type="checkbox"/> BVM <input type="checkbox"/> OPA & NPA <input type="checkbox"/> Non-Rebreather Mask <input type="checkbox"/> Oxygen Source <input type="checkbox"/> Suction <input type="checkbox"/> Laryngoscopy Blade(s) <input type="checkbox"/> Laryngoscopy Handles(s) <input type="checkbox"/> Endotracheal Tube(s) <ul style="list-style-type: none"> ▪ Size(s): _____ <input type="checkbox"/> Stylet <input type="checkbox"/> Syringe(s) <input type="checkbox"/> Securing Device <input type="checkbox"/> EtCO2 monitoring device <input type="checkbox"/> Colorimetric end-tidal CO2 detector <input type="checkbox"/> Supraglottic Device <ul style="list-style-type: none"> ▪ Type: _____ <input type="checkbox"/> Video Laryngoscope <input type="checkbox"/> Bougie <input type="checkbox"/> Difficult Airway Cart <input type="checkbox"/> Vascular Access <ul style="list-style-type: none"> <input type="checkbox"/> Peripheral IVs <input type="checkbox"/> IOs <input type="checkbox"/> IV and Tubing <input type="checkbox"/> IV Fluids <input type="checkbox"/> Catheter: _____ <input type="checkbox"/> Monitoring Devices <ul style="list-style-type: none"> <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Blood Pressure Cuff <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Arterial Line <input type="checkbox"/> CVP <input type="checkbox"/> Temperature Probe <input type="checkbox"/> Defibrillator <input type="checkbox"/> Blood Components: <ul style="list-style-type: none"> <input type="checkbox"/> PRBC <input type="checkbox"/> Platelets <input type="checkbox"/> FFP 	<input type="checkbox"/> Lab Reports <ul style="list-style-type: none"> <input type="checkbox"/> CBC <input type="checkbox"/> Chemistry <input type="checkbox"/> Cardiac Profile <input type="checkbox"/> Coagulation Profile <input type="checkbox"/> Type and Cross <input type="checkbox"/> ABG <input type="checkbox"/> EKG Machine <input type="checkbox"/> Medical Equipment <ul style="list-style-type: none"> <input type="checkbox"/> Ventilator Machine <input type="checkbox"/> BIPAP Machine <input type="checkbox"/> IV Pumps <input type="checkbox"/> Ultrasound Machine <input type="checkbox"/> Bronchoscope <input type="checkbox"/> Colonoscopy Scope <input type="checkbox"/> Hospital Bed/Stretcher <input type="checkbox"/> Medications (Name & Dose) <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Patient ID Band/Allergy Band <input type="checkbox"/> Back Board <input type="checkbox"/> NG Tube <input type="checkbox"/> C-Collar <input type="checkbox"/> Hotline (Phone) <input type="checkbox"/> Form(s) (e.g., DNR): <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> X-Ray(s): <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> EKG: _____ <input type="checkbox"/> Moulage: _____ <input type="checkbox"/> Other: <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

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References